

HC-One Limited

# Ashington Grange

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Ashington Grange is a residential care home providing personal and nursing care to up to 59 older people, some of whom are living with dementia. At the time of our inspection there were 44 people using the service. People's bedrooms were arranged over two floors with communal lounges and dining areas on each floor.

### People's experience of using this service and what we found

People and their relatives spoke positively about the service they received. Comments included, "The home was brilliant through Covid-19; we had to test, sanitise, and so on. The staff, bless them, were working extra with staff off but there was no drop in the care, the care is always there" and "I'm really happy within the home, there is always good care. I go in regularly. It's totally safe, there are never any issues. [Relative] was like a different person when she went to Ashington Grange. Happy, chatty. There are no issues on safety. There are never any issues with the care. The staff are lovely."

All staff understood their responsibility to keep people safe from harm. Systems to assess, monitor and manage risk were in place. Care plans contained information and guidance for staff on how best to support the person to minimise and manage risks.

There were enough staff to safely provide care and support. Safe recruitment processes were in place and followed.

Medicines were safely managed, and people received their medicines as prescribed.

People, their relatives and staff all had an opportunity to feedback and be engaged with the running of the home. "Resident Champions" were in place and played an active part in the running of the home.

Staff spoke positively about the registered manager. They felt listened to and could share their views on the running of the home and what this should look like. They felt the registered manager was both approachable and visible around the service.

Systems were in place to monitor the safety and quality of the service. Audits were completed and fed into a 'home action plan' which identified what actions were required and when they were subsequently completed. Actions had been taken to address the shortfalls identified at the last inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 27 April 2021) and there were breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

## Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We carried out an unannounced focused inspection of this service on 17 March 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve their infection, prevention and control, risk management and governance systems to monitor the quality and safety of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashington Grange on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Ashington Grange

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Ashington Grange is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ashington Grange is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and

social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on 23 February 2022 to help plan the inspection and inform our judgements.

We used all this information to plan our inspection.

During the inspection

We spoke with three people using the service. We spoke with seven members of staff including the area director, the registered manager, deputy manager, care workers and housekeeping. We viewed four people's care plans and medicine records. We observed staff using PPE. We reviewed a range of records relating to the management of the service, including quality assurance records, safeguarding information and information on the safe management of infection control.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with seven relatives on the telephone.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to assess the risks relating to the health and safety of people using the service. A safe and effective infection control system was not fully in place to ensure people were protected from the risk of infection. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was no longer in breach of regulation 12.

- Systems to assess, monitor and manage risk were in place. Care plans contained information and guidance for staff on how best to support the person to minimise and manage risks.
- There was evidence that investigations and lessons learned took place after an accident or incident. Where required appropriate changes to care and support were implemented.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The provider was facilitating visits for people living in the home in accordance with government guidance. Measures were in place to prevent relatives, friends, professionals and others visiting from spreading infection on entering the premises

Systems and processes to safeguard people from the risk of abuse

At our last inspection we recommended the provider review their safeguarding system to make sure

incidents were reported to the relevant agencies in line with the provider's safeguarding responsibilities. The provider had made improvements.

- People and their relatives told us the service was safe. Comments included, "Yes, I do think (relative) is safe. There are plenty of staff, there's always people around. I'm not worried at all."
- Systems had been reviewed to ensure processes were in place to support people to remain safe. Staff confirmed they knew how to complete the necessary safeguarding referral form and raise these with the appropriate agencies, such as the local authority and police.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Staffing and recruitment

- Safe recruitment procedures were in place and followed. Disclosure and Barring Service (DBS) checks were completed, which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough skilled and experienced staff to meet people's needs. One relative told us, "There are enough staff. They seem to be on the ball and from what I can gather staff seem to be well trained. They know (relative) and they know the family."

#### Using medicines safely

- Appropriate arrangements were in place, and being followed, for the safe management of medicines.
- Staff received training and had their competencies assessed before being permitted to administer medicines.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to operate an effective system to monitor the safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was no longer in breach of regulation 17.

- Effective systems were in place monitor the safety and quality of the service. There was a plan in place which identified which audits were to be completed each month. Audits fed into a 'home improvement plan' which identified what actions were required and when they were completed.
- Staff spoke positively about the registered manager. They felt listened to and could share their views on the running of the home and what this should look like. Staff told us discussions took place with the registered manager regarding their roles and what was expected of them.
- The registered manager was visible and completed walk arounds to ensure they had an oversight of the service. A staff member told us, "[registered manager] is very knowledgeable about the service and the residents. We work well together and share ideas."

At our last inspection we recommended the provider review their information management system to ensure documentation and information requested and required by CQC were submitted in a timely way. The provider had made improvements.

- Notifications had been appropriately submitted and in a timely manner.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Staff spoke positively about working at Ashington Grange. One staff member told us, "I have no concerns with care we provide. I wouldn't be working here if there was. The staff are so kind and compassionate. They go above and beyond to help residents."
- The service worked in partnership with other health and social care professionals to meet people's needs. One professional told us, "I always find the manager to be approachable and thorough, she knows about the residents when I call and gives assurances with any concerns raised."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives/representatives and staff all had an opportunity to feedback and be engaged with the running of the home. Surveys were available to people and their relatives/representatives to complete when they wished to. One relative told us, "I'm comfortable raising concerns. I feel if I wanted to speak to (registered manager) I could make an appointment and sit down to be reassured."
- 'Resident Champions' were in place and played an active part in supporting with the running of the home. One person using the service was regularly involved in completing infection control audits with the housekeeping staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was able explain what duty of candour entailed and how they would always inform relatives or representatives should an incident require this.